

City of Bountiful

790 S. 100 E.
Bountiful, Utah 84010

APPLICATION FOR RENEWAL OF LIQUOR CONSUMPTION LICENSE

Calendar Year _____ Date _____

1. Name of business _____

Business address _____

2. Owner's name and address (if corporation, list officers and directors). Use additional sheet if necessary.

Name	A _____	B _____
Date of Birth	_____	_____
SSN	_____	_____
Address	_____	_____

3. Manager's name _____ Home Telephone _____

4. License Fee: Calendar year or any part thereof -	-	-	-	-	\$300.00
Penalty: Add 25% if paid after February 15 -	-	-	-	-	_____
Add 50% if paid after April 1 -	-	-	-	-	_____
Total -	-	-	-	-	_____

Make check payable to **City of Bountiful**

5. Affidavit of Applicant

AFFIDAVIT

State of Utah

County of _____

After first being duly sworn, I declare that the information set forth herein (or attached) is true and correct to the best of my knowledge and belief, and that I (or we) meet all qualifications as listed on the reverse side hereof for issuance of a Bountiful Liquor Consumption License.

Signature of Applicant (owner) _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Seal

Notary Public

My Commission Expires: _____ Residing at _____

ALL LIQUOR CONSUMPTION LICENSES EXPIRE DECEMBER 31.